

**PLAINTIFF'S MOTION  
EXHIBIT 38**

Form DSH-04-004

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 06/21/1975 34Y M F/C: 19 S

ADM: 11/03/2009 15:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

**EMERGENCY ADMISSION**  
Section 9.39 Mental Hygiene Law

Date of Birth

Facility Name

Unward No.

**I. General Provisions for Emergency Admission**

A In order for a person to be admitted to a hospital according to Section 9.39 of the Mental Hygiene Law, all the following requirements must be met:

- 1 The hospital must be approved by the Commissioner of Mental Health to receive and retain patients according to this Section;
- 2 The person must be alleged to have a mental illness for which immediate observation, care, and treatment in a hospital is appropriate and which is likely to result in serious harm to himself or herself or others. "Likelihood to result in serious harm" means:
  - a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself ("other conduct" shall include the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, provided that such refusal or inability is likely to result in serious harm if there is not immediate hospitalization), or
  - a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.
- 3 A staff physician of the admitting Hospital must examine the person and find that the person meets the standard for admission under this Section. The physician then completes this Form, OMH 474, Emergency Admissions.

B A person who is alleged or appears to be mentally ill may be taken into custody, transported, or removed to a hospital approved to accept emergency admissions, according to the following sections of the Mental Hygiene Law:

- Section 8.41 - Powers of Certain Peace Officers and Police Officers, Form OMH 474A/475A, I
- Section 9.43 - Powers of Courts - Form OMH 465, Civil Order for Removal to Hospital
- Section 9.45 - Powers of Directors of Community Services, Form OMH 474A/475A, II
- Section 9.55 - Powers of Qualified Psychiatrists, Form OMH 474A/475A, III
- Section 9.57 - Powers of Emergency Room Physicians, Form OMH 474A/475A, IV

C On admission, the person will be given a written notice of status and rights as a patient admitted according to MHL Section 9.39. This notice will also be given to the Mental Hygiene Legal Service and up to three other persons designated by the person admitted.

If a person admitted according to this Section is to be retained in the hospital for more than 48 hours, another physician, who is a member of the psychiatric staff of the hospital, must examine the person and confirm the admitting physician's findings by completing page 2 of this form (OMH 474).

Within 15 days of admission, if it is determined that the person is not in need of involuntary care and treatment, s/he shall be discharged unless s/he is suitable and agrees to remain as a voluntary patient. If the person is in need of continued inpatient care and treatment, and is not suitable or will not agree to remain as a voluntary patient, s/he may be retained beyond 15 days only by completion of an application and two medical examinations as required for admission according to MHL Section 9.27 - Involuntary Admission on Medical Certification.

**II. Record of Admission**

A The above-named person was brought to this hospital by

*Pauline Jean Med Ex*

Name

Phone

Title/Badge No. (as appropriate) Address

Relationship to Person

Address of Person

Time of arrival  
at hospital

11	01	10	19	23	03
MONTH	DAY	YEAR	HOUR	MINUTE	

AM  
PM

E Circumstances which led to the person being brought to this hospital

(if applicable) Person was taken into custody, transported, or removed to this hospital in accordance with MHL Section \_\_\_\_\_

*patient is a danger to himself.  
Patient is a danger to himself. Well  
Benefit of patient's welfare*

C I HAVE EXAMINED THE ABOVE-NAMED PERSON PRIOR TO ADMISSION AND FIND THERE IS REASONABLE CAUSE TO BELIEVE THAT THE PERSON HAS A MENTAL ILLNESS FOR WHICH IMMEDIATE OBSERVATION, CARE AND TREATMENT IN A MENTAL HOSPITAL IS APPROPRIATE AND WHICH IS LIKELY TO RESULT IN SERIOUS HARM TO HIMSELF OR HERSELF OR OTHERS

Physician's Signature

*Wm. Orlans, M.D.*

11	03	04	17
MONTH	DAY	YEAR	HOUR

AM  
PM

EXHIBIT

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10/3/14 1784

Form CMH-104 (Rev. Sept. 2)		SCHOOLCRAFT, ADRIAN	State of New York Office of Mental Health
EMERGENCY ADMISSION Section 83(8) Mental Hygiene Law		M/R: 1298984 PT# 130381874 DOB: 06/21/1975 34Y M F/C: 19 S ADM: 11/03/2009 15:00 03MH9HAL 01 LICENCIED PHYSICIAN	CC#
III. Examination to Confirm Need for Extension of Emergency Hold beyond 48 Hours			
A. Pertinent and Significant Factors in Patient's Medical and Psychiatric History:  34 y.o. male without past Y history presented to ER with "pancreas" Electron endoscopy for further investigation			
B. Physical Condition (including any special test reports):  stable			
C. Mental Condition: The conduct of the patient (including statements made to me by others) has been:  At Very serious, fulminant affair that has supervened in the police department Wanted to "get rid of him"			
D. The patient shows the following psychiatric signs and symptoms:  Anxiety and paranoid quality of delusions			
E. Does the patient show a tendency to cause serious harm to himself? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No To others? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes explain _____			
F. Mental diagnosis if determined:  Psychosis NOS R/o Adjustment disorder			
IV. Psychiatrist's Confirmation			
I have personally observed and examined _____ Patient's name		Schoolcraft Adrian	11 04 09 MONTH DAY YEAR HOUR MINUTE P.M.
Based on such examination and the case history, I hereby confirm that there is reasonable cause to believe that the patient has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to himself or herself or others. The facts stated and information contained herein are true to the best of my knowledge and belief:			
I am on the psychiatric staff of: _____		Jeanne J... Hospital _____ (Signature)	

Form CMH-058 (3-07)

New York  
SOCIAL HEALTH

**NOTICE OF STATUS AND RIGHTS  
EMERGENCY ADMISSION**

(to be given to the patient at the time of  
admission to the hospital)

Section 8.39 Mental Hygiene Law

SCHOOLCRAFT, ADRIAN

PT#: 130381874  
F/C: 19 S

MIR: 1298984  
DOB: 06/21/1975 34Y M

ADM: 11/03/2009 15:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

Date of Birth \_\_\_\_\_

Facility Name \_\_\_\_\_

TO: Schoolcraft, Adrian

Date of Admit at Hospital:	11/03/09
Mo. Day Year	11 03 09

Based upon an examination by a staff physician, you have been admitted as an emergency-status patient to this hospital for persons with mental illness for immediate observation, care and treatment. Within 48 hours of the time of your admission, you will be examined by another physician, who is a member of the psychiatric staff of this hospital. If he or she confirms the first physician's findings, you may then be kept in the hospital for a period of up to 15 days from the date of your arrival. During this 15 day period you may be released, converted to involuntary status, or asked to remain as a voluntary or informal patient.

You, and anyone acting on your behalf, should feel free to ask hospital staff about your condition, your status and rights under the Mental Hygiene Law, and the rules and regulations of this hospital.

If you, or those acting on your behalf, believe that you do not need immediate observation, care and treatment, you or they may make a written request for a court hearing. Copies of such a request will be forwarded by the hospital director to the appropriate court and the Mental Hygiene Legal Service.

**MENTAL HYGIENE LEGAL SERVICE**

The Mental Hygiene Legal Service, a court agency independent of this hospital, can provide you and your family with protective legal services, advice and assistance, including representation, with regard to your hospitalization. You are entitled to be informed of your rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the Service or by requesting hospital staff to make such arrangements for you.

The Mental Hygiene Legal Service representative for this hospital may be reached at:

**MENTAL HEALTH LEGAL SERVICES  
CREEDMOOR PSYCHIATRIC CENTER  
80-45 WINCHESTER BOULEVARD  
QUEENS VILLAGE, NY 11247  
TELEPHONE NUMBER (718) 264-3342**

**THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.**

Adrian Schoolcraft  
Signature of Staff Physician

11/3/09

COPIES TO: Persons designated by patient to be informed of admission. (If none, type in "NONE".)


A copy of this Notice of Status and Rights is also being sent to the Mental Hygiene Legal Service.  
State and Federal Laws prohibit discrimination based on race, color, creed, national origin, age, sex, or disability.